

MDR Tracking Number: M2-03-1361-01  
IRO Certificate# 5259

July 16, 2003

An independent review of the above-referenced case has been completed by a medical physician [board certified] in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_\_, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_\_.

#### CLINICAL HISTORY

The claimant alleges that while moving boxes she sustained an injury to her lower back. MRI indicated minimal degenerative changes without any evidence of acute pathology. The claimant underwent extensive physical therapy and chiropractic modalities, injections without significant improvement. Nerve condition studies were essentially normal as well. The claimant was referred for a chronic pain management program.

#### REQUESTED SERVICE (S)

Chronic pain management program X 30 Sessions.

#### DECISION

Uphold denial.

#### RATIONALE/BASIS FOR DECISION

This claimant has not exhausted the lower levels of care for admittance into a multidisciplinary program such as the one offered. Furthermore, the compensable injury would be limited to a lumbar strain and the continuous medicalization of the subjective complaints of pain has resulted in a chronic protracted medical treatment of an otherwise mild soft tissue injury.

This claimant has developed a depressive state that, based on the records available, is unable to be separated from compensable and non-compensable related issues. Therefore, with the assessed GAF of 45, the claimant's further medical care would be limited to biofeedback sessions at two visits a week for three weeks and medication management sessions with a psychiatrist. The compensable injury would be a relatively minor injury and the lack of response to any form of treatment to date indicates that a lengthy six-week chronic pain management program will not result in any significant long-term improvement in the subjective complaints of pain and would not be recommended

#### YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©)

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk  
Texas Workers' Compensation Commission  
P.O. Box 17787  
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 17<sup>th</sup> day of July 2003.